

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

09/674237

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7	1					
8		1				
9		18				
10		81				
11	1					
12	1					
13	1					
14		1				
15	1					
16	1					
17	1					
18		1				
19		13				
20	1					
21		1				
22		1				
23		1				
24		1				
25		1				
26	1					
27		1				
28		17				
29		71				
30	1					
31	1					
32	1					
33		1				
34	1					
35	1					
36	1					
37		1				
38		13				
39	1					
40		1				
41	1					
42		21				
43	1					
44	1					
45		1				
46	1					
47		1				
48	1					
49		1				
50		1				
TOTAL IND.	26					
TOTAL DEP.	23					
TOTAL CLAIMS	49					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53		1				
54		1				
55		1				
56		1				
57		1				
58		1				
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96						
97						
98						
99						
100						
TOTAL IND.	26					
TOTAL DEP.	32					
TOTAL CLAIMS	58					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS